

Employer's Request For Safe Workplace Certification

SUBMISSION TYPE: INITIAL RENEWAL

IDENTIFYING INFORMATION

EMPLOYER NAME:		TAX ID:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		
PHONE:	E-MAIL ADDRESS:	
INSURANCE CARRIER:		NCCI/NAIC #:
POLICY NUMBER:	EFFECTIVE DATE OF POLICY:	IMPLEMENTATION DATE OF SAFE WORKPLACE PROGRAM:

CERTIFICATION CHECKLIST FOR SAFE WORKPLACE PROGRAM

	A safety committee made up of equal numbers of management representatives and employee representatives who are elected by their peers and who serve in a paid status.		A notarized certification signed by a corporate officer stating that the company has complied with the safe workplace program statutory requirements.
	A formal written safety policy developed by the safety committee.		Regular safety committee meetings with written records.
	A system for making recommendations to the employer on ways to eliminate workplace hazards and unsafe work practices.		Appropriate training in hazard assessment and control, effective accident and incident identification, and the role of the Federal and Local Occupational Safety and Health administrations.
	Annual workplace inspection.		Collective Bargaining Agreement (If applicable, please attach agreement).
Training	Inspection	The name, address, certification number and certifying organization of the certified safety specialist providing training and inspection must be submitted with the workplace safety program certification request.	

NAME (Corporate Officer):	Return Form With Documentation To: Department of Employment Services Office of Workers' Compensation 4058 Minnesota Ave., NE Suite 3500 Washington, DC 20019 (202) 671-1000		
SIGNATURE:			
DATE:			
NOTARY		Note - A copy of the application with supporting documentation must also be submitted to your insurance carrier.	
State of _____			
County of _____			
Sworn to, or affirmed, and subscribed before me this _____			
Day of _____ 20_____, By: _____			
(Signature of Notary)		(Expiration Date and Number)	

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